



200's.
Amended 11/15/99

State of Washington Application for a Water Right

NOV - 9 1998

For Ecology Use

Fee Paid \$10.00

Date 11-9-98
ck# 6895

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Oakdell Egg Farms Inc Home Tel: (509) 545 - 8275
Mailing Address 7401 Glade N. Rd Work Tel: (509) 547 - 8665
City Pasco State WA Zip+4 99301 + FAX: (509) 547 - 9656

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Kent P. Woodward Home Tel: (509) 545 - 8275
Mailing Address 7401 Glade N. Rd Work Tel: (509) 547 - 8665
City Pasco State W Zip+4 99301 + FAX: (509) 547 - 9656
Relationship to applicant President of Corporation

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (150 gpm) (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of water for commercial poultry operation (laying hens). ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. South half of NorthEast 1/4 & N 1/2 of SE 1/4 Sec 34 Township 11N Range 30 EWM.
Estimate a maximum annual quantity to be used in acre-foot per year: 60

CONTINUOUS MULTIPLE DOMESTIC SUPPLY AND STOCKWATER

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>2</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>8" ± 200'</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1- 800 feet North & 1000 feet east of the southwest corner of Sec 34.
2- 800 feet North & 1500 feet east of the southwest corner of Sec 34.

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>S 1/2</u>	<u>SW 1/4</u>	<u>34</u>	<u>11 N</u>	<u>30 E, WM</u>	<u>Franklin</u>			
<u>S 1/2 NE</u>	<u>N 1/2 SE</u>	<u>34</u>	<u>11 N</u>	<u>30 E, WM</u>	<u>Franklin</u>			

For Ecology Use Date Received: 11-9-1998 Priority Date: 11-9-1998

SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____

Date Accepted As Complete 11-15-1999 By LK Date Returned _____ By _____ WRIA: 36

Note: Corrections per ph. call w/ K. Woodward 11/15/99

ECY 040-1-14

Rev. 7/97 **f

APPLICATION

Appl. No.: 6330194

Columbia Basin

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
Plans to have 2 8" wells ± 200 deep to provide water for chickens. Pumps will be sized according to actual depth of wells.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 3 Type of connection 2 Homes + Poultry House
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals up to 1,000,000 Animal Type chickens (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Between mile marker 32 & 33 on highway 395 Go east on Sagemoor Rd. Approximately 2 miles. Site is on the east side of Sagemoor Rd.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Map. attached

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Kent P. Woodward

Applicant (or authorized representative)

11-6-98

Date

SAME

Landowner for place of use (if same as applicant, write "same")

Date

G330194

APPLICATION

I have examined this application as required by SEPA and find that it is: ☐ not an "action"

☒ categorically exempt
11/15/1999 L. Kiefer
DATE SIGNATURE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 	
Please provide the additional information requested above and return your application by _____ _____(date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

6-330194